



WELCOME TO MY BENEFITS – A FAST AND EASY WAY TO FIND  
OUT ABOUT GETTING HEALTH INSURANCE

[Read More](#)

 [Am I Eligible?](#)

 [Apply for Benefits](#)

 [Access MyBenefits](#)

 [Need a Language  
Interpreter?](#)

## NEWS

### Department of Human Services Implementing New System

Posted on August 28, 2013

### New Single Streamlined Application Effective October 1, 2013

Posted on August 28, 2013



## INFORMATION

[Applying for Benefits](#)

[Required information to complete  
an application](#)

[Receiving Benefits](#)

[Appeals](#)

## PROGRAMS

[Overview of Medical Assistance](#)



## NEED HELP?

[Portal User Guide](#)

[Hawaii Health Connector](#)

[Med-QUEST Office Contact  
Information](#)

[The Connector Assistants &  
Navigators](#)

[Frequently Asked Questions  
\(FAQs\)](#)



# Background

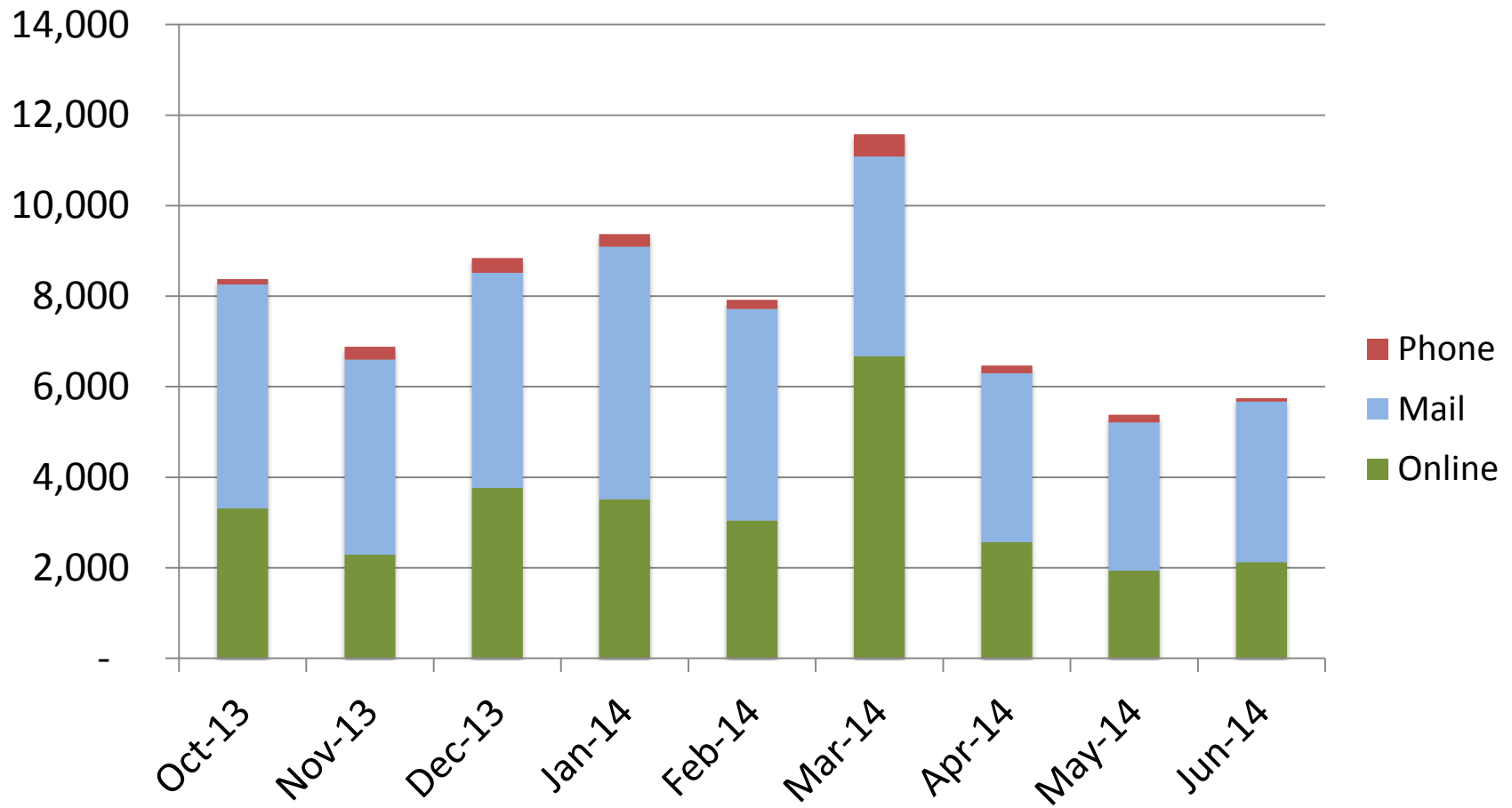
---

- To comply with ACA requirements, MQD needed to implement a new eligibility system
- Medicaid eligibility systems typically take 3-5 years to implement
- MQD was able to go live on time after 9 months, and is still only 1.5 years into the project



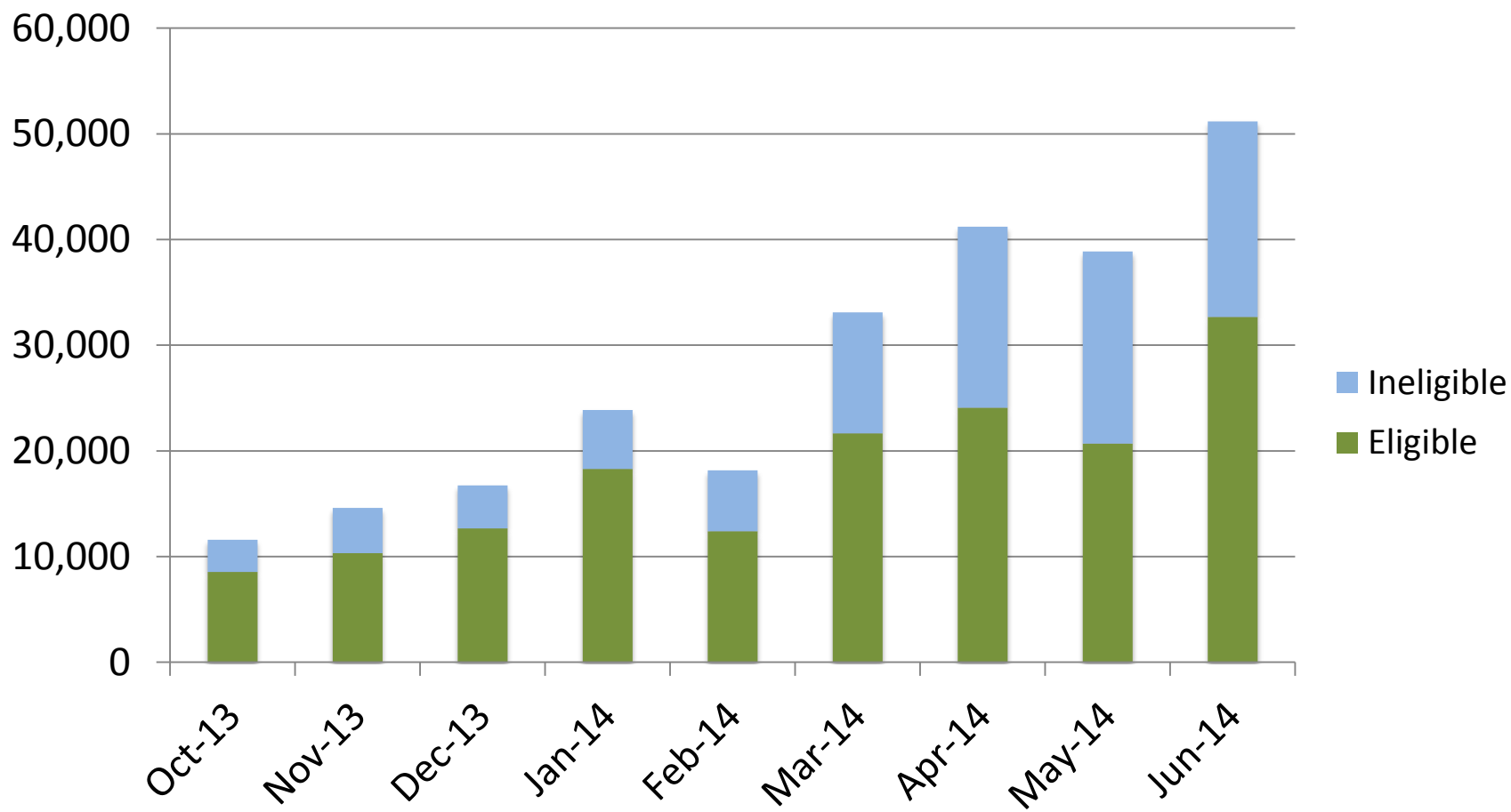


# 70,000 Household Applications Received



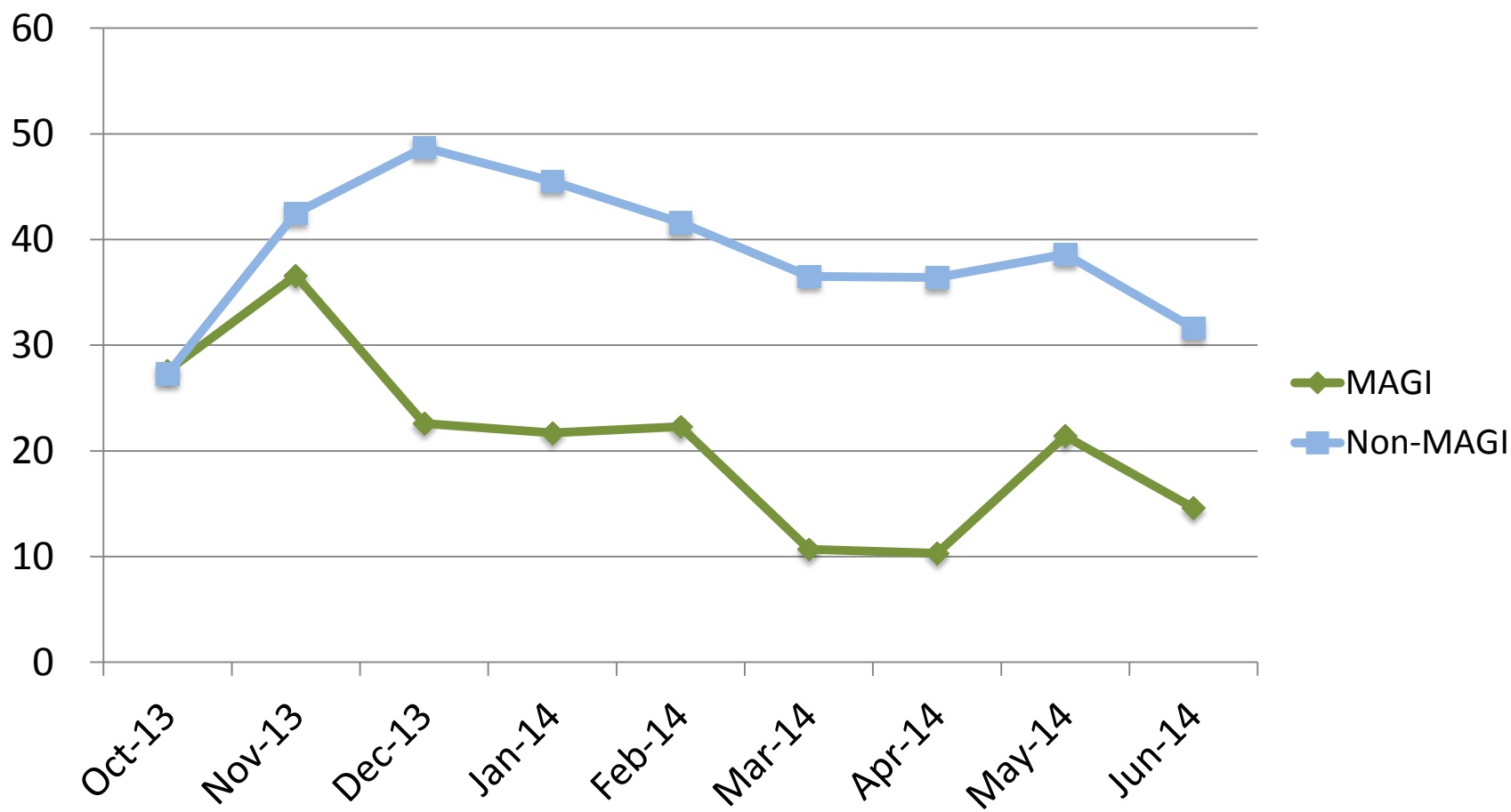


# 250,000 Eligibility Determinations and Redeterminations Made



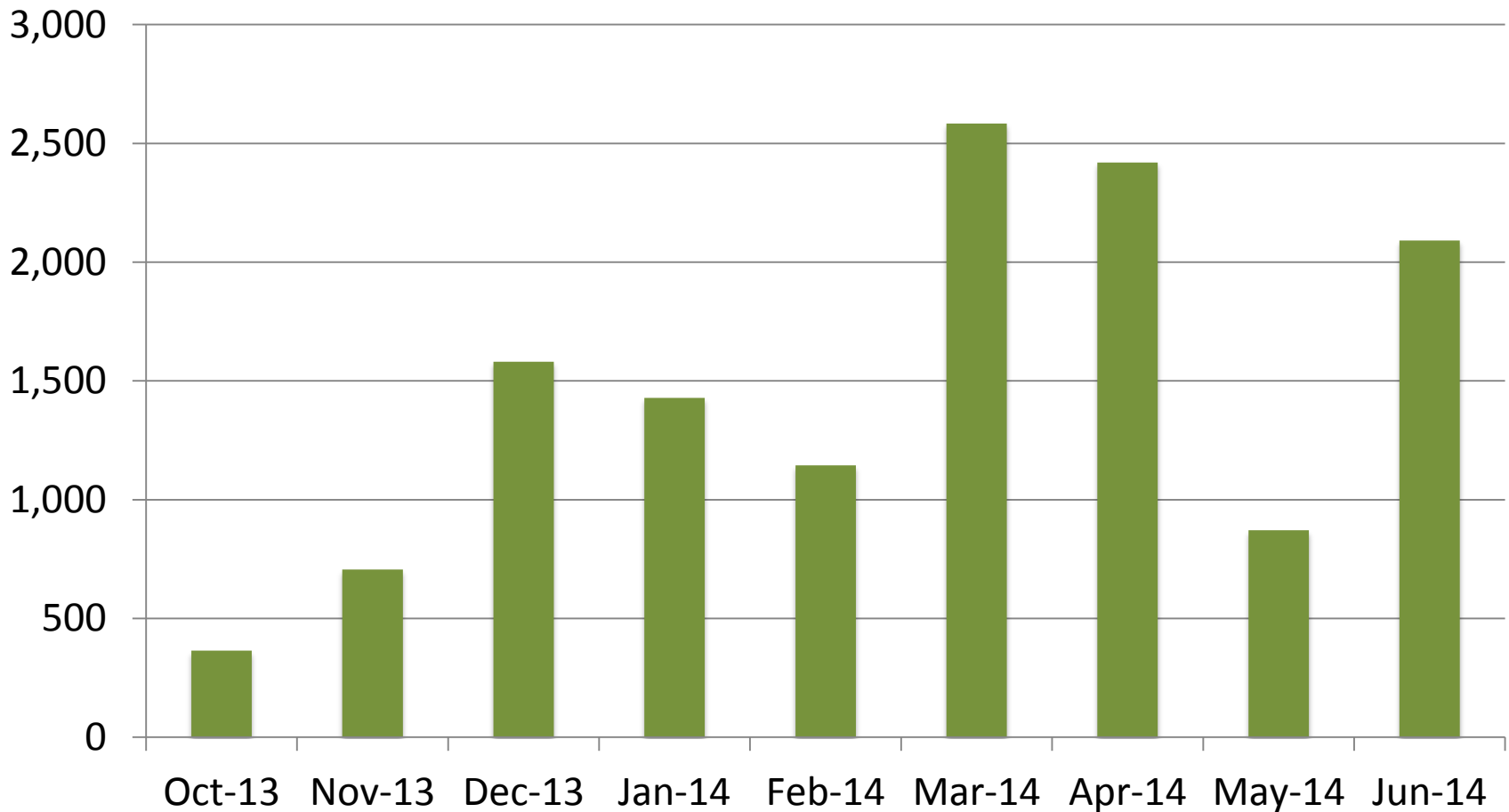


# Decreasing Average Processing Time from Date of Application Receipt (days)



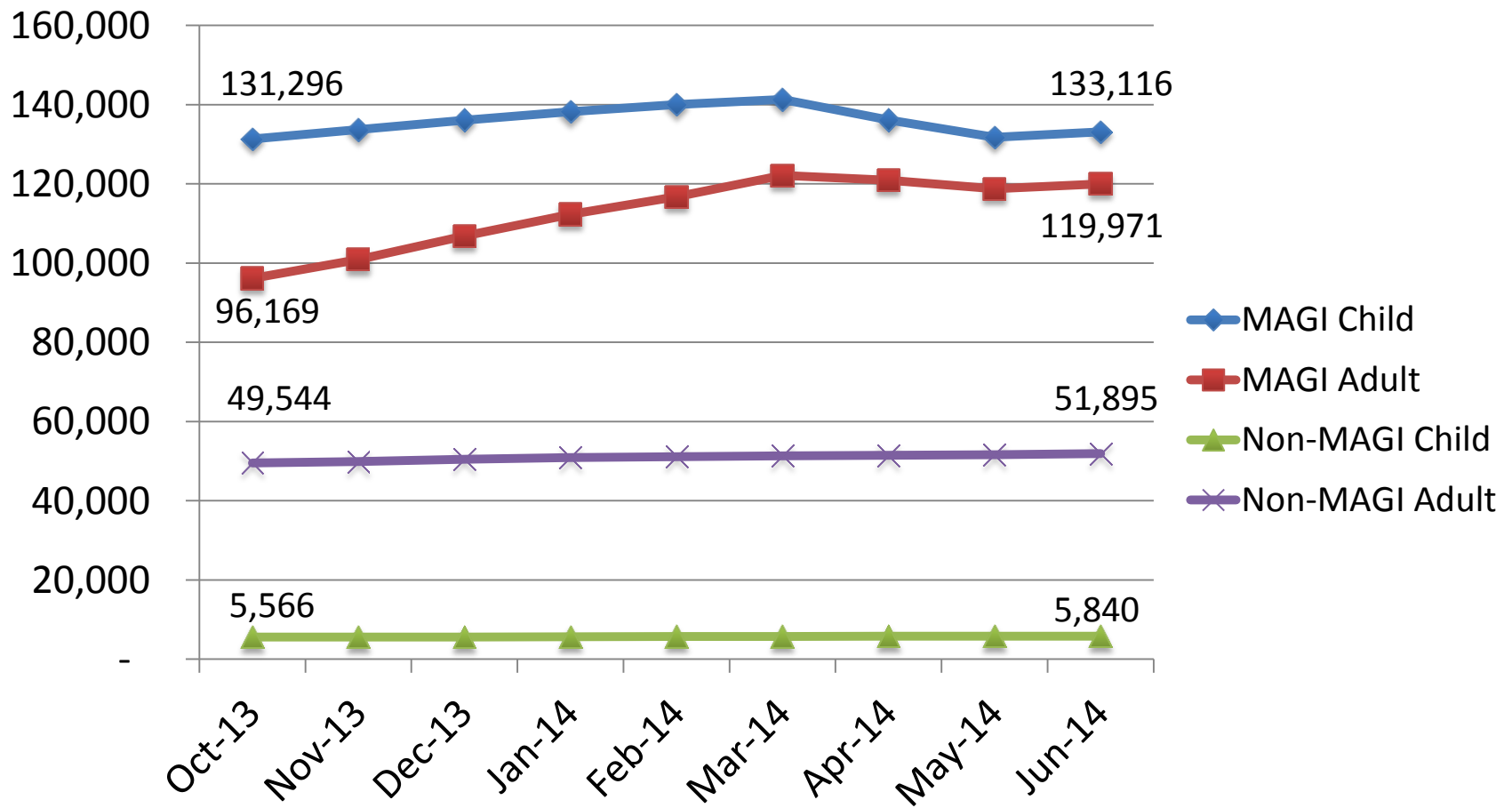


# 13,000 MAGI Applications Determined in $\leq 24$ Hours





# MAGI-Adults Comprise 80% of Medicaid/CHIP Enrollment Increase





# Enrollment Increase

---

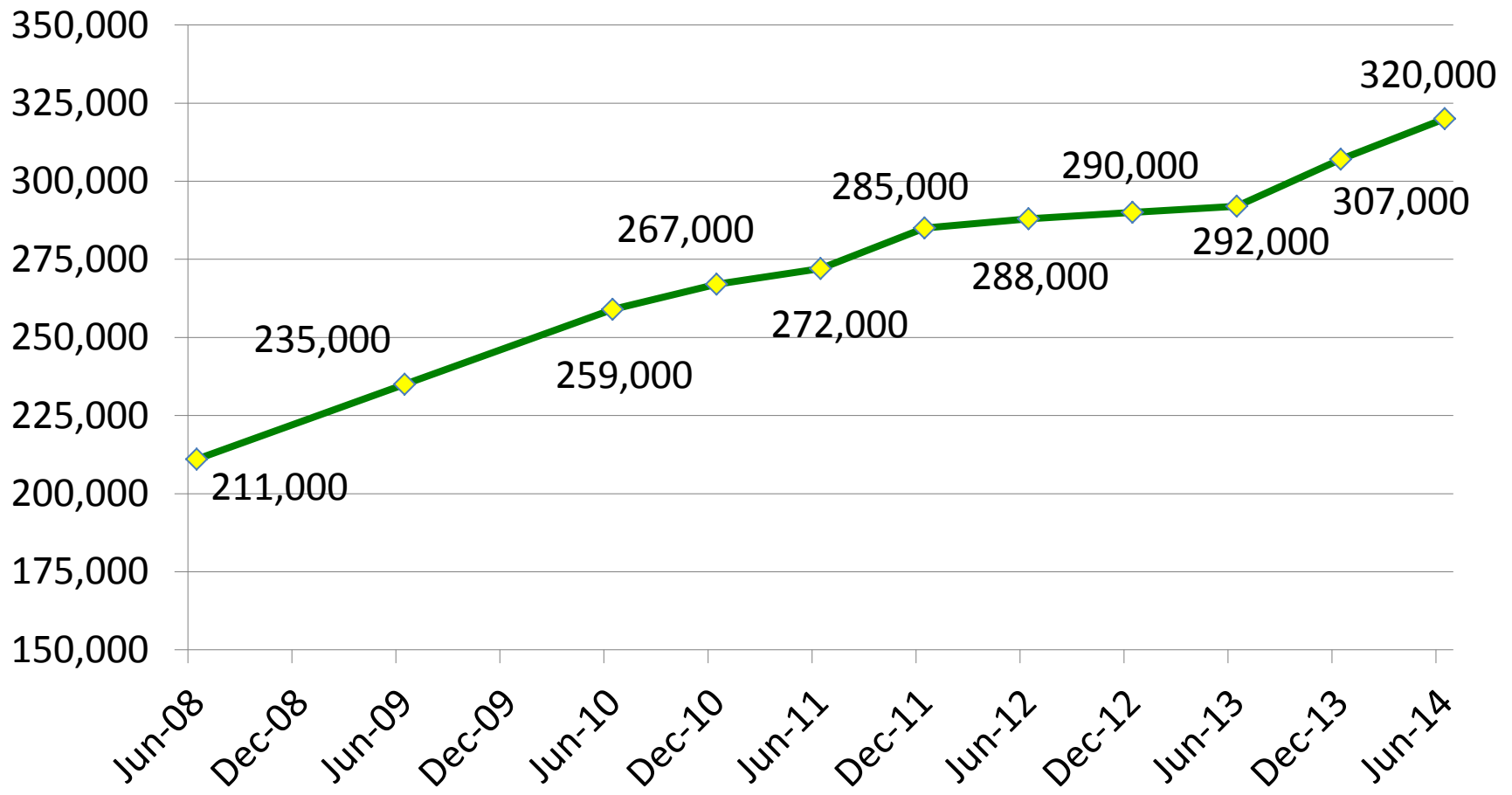
- Net MAGI enrollment increased 33,000 (12%) between October 1, 2013 through June 30, 2014
- Net increase peaked at 49,308 for week ending April 26, 2014, prior to resuming eligibility renewals
- These data do not include ~10,000 non-pregnant adults receiving state-only funded medical assistance







# 52% Increase in All MQD Program Enrollment 2008-2014





# Eligibility Renewal (ER)

---

- Under the ACA, tax information is now required to determine eligibility for MAGI groups
  - Children, pregnant women, parents and other caretaker relative, certain adults
- Households with ER scheduled Oct 2013 through Mar 2014 received 6-month extension to eligibility period
- All households with a member in one of these groups must return the ER form (for ER dates Apr-Sept)
- Beginning in October, DHS expects to be able to return to passive renewal for ALL beneficiaries





# Outreach on Eligibility Renewal

---

- Placed radio ads
- Held public briefing
- Posted Q&A on MQD website
- Sent letter to providers
- Added renewal date to health plan ID cards and DMO
- Required health plans to do outreach
- Sent info package/posters to homeless shelters, FQHCs
- Posted ads on community TV bulletin boards
- Send households three letters
  - “Heads up”, ER packet, termination notice

If an individual loses eligibility, the individual should reapply.  
Coverage can be retroactive up to 10 days.





# Release 2, Wave 1

---

- Occurred in April, main addition was long-term care functionality
- The MAGI-excepted rules are more complex than the MAGI rules
- Long-term care (LTC) is among the most complex of the MAGI-excepted related rules
- LTC eligibility requires financial and clinical eligibility, both of which must be renewed at least annually
- For the first time, individuals were able to receive information of their approved clinical eligibility period





# Cost-share

---

- Individuals who are over income and receiving LTC services have a cost share
- The calculation of a cost-share requires:
  - Financial eligibility
  - Clinical eligibility (approved 1147)
  - Facility code
  - Living arrangement code
  - Medicaid Management Information System (MMIS)
- We have had problems with cost-share, but are resolving and working closely with LTC providers





# Release 2, Wave 2

---

- This fall
- Completes separation from One Gate
- Adds capability for beneficiaries to report circumstance changes
- Reduces manual work-arounds by eligibility workers
- Adds enterprise content management
- Implementation of real time eligibility depends on when able to access DLIR data, OIMT





# DHS-Connector Interaction

---

- Contract
  - DHS and the Connector have agreed on contract language
  - DHS awaiting required CMS approval before able to execute
- Implementation Advanced Planning Document Update (IAPDU)
  - CMS-approval is needed for DHS to access federal funds
  - DHS has submitted the Connector IAPDU to CMS
- Single Streamlined Application
  - Connector requested addition of only two questions
  - Full time student status, pending CMS approval
  - Tobacco use, which CMS denied again





# Funding Exchange SFY14-SFY16

	Connector to pay DHS	DHS to pay Connector		
		Total	State	Federal
SFY14*	\$3,631,802	\$6,932,388	\$2,843,965	\$4,088,423
SFY15	\$2,159,370	\$5,875,646	\$2,937,823	\$2,937,823
SFY16	\$529,453	\$1,587,152	\$793,576	\$793,576
TOTAL	\$6,320,625	\$14,395,186	\$6,575,364	\$7,819,822

\* Payments were not made in SFY14 and are expected to be paid in SFY15







# Next Open Enrollment

---

- Medicaid is always open for enrollment
- For Connector's next open enrollment period, DHS is working collaboratively with OIMT which has the lead
  - DHS requires sufficient funding and time to make any changes
- OIMT is developing long-term plan for a single system
  - In agreement with Connector board, DHS continues to support integrating eligibility within the DHS system
- For short term and long term changes, cost to DHS will depend on final requirements
  - For changes to benefit Connector, could use their grant funds





# Summary

---

- DHS remains on track to with implementation of its 25 year old Medicaid eligibility system replacement
- DHS has processed 70,000 applications and seen net enrollment increase since Oct 1 by 33,000 to 320,000
- We appreciate the public's ongoing patience and support during our continued implementation
- We thank the Legislature and other community partners for their support of DHS and our beneficiaries

